

**TOWN OF TISBURY
MOORING INSPECTION FORM**

MOORING # _____
EMAIL ADDRESS _____

PERMIT HOLDER'S NAME _____

ADDRESS _____

TELEPHONE # SUMMER _____ WINTER _____

BOAT NAME _____ MAKE _____

BOAT DOC# OR REG# _____ LENGTH _____ BEAM _____ DRAFT _____

The Town of Tisbury assumes no responsibility for the safety of any vessel moored and **WILL NOT** be liable for fire, theft, or damage to said vessel. The mooring owner agrees that the mooring of any vessel shall be at his/her risk including liability for damage his/her boat may cause to other vessels or property.

It is the responsibility of the individual to periodically inspect all chaffing gear on the mooring pennants to ensure protection during storms. The Town of Tisbury **WILL NOT** be responsible for the vessel going adrift or ashore.

THIS INSPECTION IS REQUIRED EVERY THREE YEARS

Upon signing this form, I attest to its accuracy and agree to abide by all the requirements and corrections.

SIGNATURE OF MOORING OWNER

DATE

MOORING CONTRACTOR USE ONLY

MOORING TYPE _____ CHAIN LENGTH TOP _____ BOTTOM _____

MOORING WEIGHT _____ CHAIN SIZE TOP _____ BOTTOM _____

CHAFE GEAR YES _____ NO _____ PENNANT SIZE _____ LENGTH _____

MOORING COMPLIES YES _____ NO _____ INSPECTION METHOD, HAUL ONLY

CORRECTIONS REQUIRED _____

MEAN HIGH WATER DEPTH _____ LAT ____°D ____' ____" LON ____°D ____' ____"

MOORING LOCATION _____

DATE CORRECTIONS TO BE COMPLETED (14 DAYS FROM DATE OF INITIAL INSPECTION) _____

INSPECTOR'S NAME _____ DATE OF INSPECTION _____

INSPECTOR'S SIGNATURE _____